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Bib Data Sheet

CONFIRMATION NO. 8860

<b>SERIAL NUMBER</b> 09/003,325	<b>FILING DATE</b> 01/06/1998 <b>RULE</b>	<b>CLASS</b> 348	<b>GROUP ART UNIT</b> 2712	<b>ATTORNEY DOCKET NO.</b> D-6524A
<b>APPLICANTS</b> JEFFREY L. PARKER, JACKSONVILLE, FL; DAVID F. SORRELLS, JACKSONVILLE, FL;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A DIV OF 08/586,426 01/06/1996 PAT 6,108,035 WHICH IS A CON OF 08/255,257 06/07/1994 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/02/1998</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 58
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> ARTHUR G YEAGER 112 W ADAMS ST SUITE 1305 JACKSONVILLE ,FL 322023853				
<b>TITLE</b> MULTI-USER CAMERA CONTROL SYSTEM AND METHOD				
<b>FILING FEE RECEIVED</b> 1549	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER 09,003,325	FILING DATE 01/06/98	CLASS 348	GROUP ART UNIT 2711	ATTORNEY DOCKET NO. D-6524A
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APPLICANT

JEFFREY L. PARKER, JACKSONVILLE, FL; DAVID F. SORRELLS, JACKSONVILLE, FL.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
 VERIFIED THIS APPLN IS A DIV OF 08/586,426 01/06/96  
 WHICH IS A CON OF 08/255,257 06/07/94

\*\*3\* (NAT'L STAGE) DATA\*\*\*\*\*  
 VERIFIED

Best Available Copy

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
 VERIFIED

FOREIGN FILING LICENSE GRANTED 04/02/98

Foreign Prior claimed ☐ yes ☒ no  
 35 USC 119(d) conditions met ☐ yes ☒ no ☐ Met after Allowance  
 Verified and Acknowledged *am*  
 Examiner's Initials \_\_\_\_\_ Initials \_\_\_\_\_

STATE OR  
COUNTRY  
FL

SHEETS  
DRAWING  
15

TOTAL  
CLAIMS  
58

INDEPENDENT  
CLAIMS  
3

ADDRESS  
ARTHUR YEAGER  
112 W ADAMS ST  
SUITE 05  
JACKSONVILLE FL 32202-3853

TITLE  
MULTI-USER CAMERA CONTROL SYSTEM AND METHOD

FILING FEE  
RECEIVED

\$813

FEES: Authority has been given in Paper  
 No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
 NO. \_\_\_\_\_ for the following:

- ☐ All Fees
- ☐ 1.16 Fees (Filing)
- ☐ 1.17 Fees (Processing Ext. of time)
- ☐ 1.18 Fees (Issue)
- ☐ Other \_\_\_\_\_
- ☐ Credit \_\_\_\_\_